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**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 9370**

SERIAL NUMBER 10/790,378	FILING DATE 03/01/2004  RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 2485 CIP CON 7 (203-3394)
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/238,108 09/09/2002 PAT 6,764,497  
 which is a CON of 09/873,930 06/04/2001 PAT 6,447,529  
 which is a CON of 09/039,548 03/16/1998 PAT 6,013,090  
 which is a CON of 08/824,676 03/26/1997 PAT 5,814,060  
 which is a CON of 08/631,221 04/11/1996 PAT 5,690,668  
 which is a CIP of 08/267,484 06/29/1994 PAT 5,601,589

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**\*\* 05/19/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

Extraluminal balloon dissection

<p>FILING FEE  RECEIVED 770</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr><tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr><tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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